



PATENT
2340-1-008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Richard S. Polevoy

SERIAL NO.: 09/536,345

EXAMINER: T.P. Luu

FILED: March 25, 2000

ART UNIT: 3627

FOR: BED FRAME SHIELDS

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Certificate of Mailing Under 37 CFR 1.8

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David A. Jackson, Reg. No. 26,742
(Name of Registered Rep.)

Leis A. Sauer 9/13/02
(Signature and Date)

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Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

☒ The fee has been calculated as shown below.

☒ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown below apply.

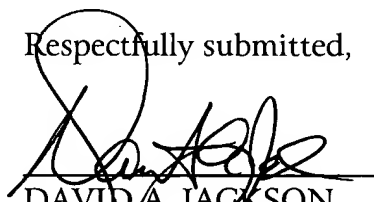
Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total Claims	30	Minus	24	6	\$9	\$ 54.00
Independent Claims	6	Minus	4	2	\$42	\$ 84.00
				Total additional fee for this amendment		\$138.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280/\$140 has been previously paid ☐ , or is paid herewith ☐ .
- ☒ This response is being filed within the ☐ first month, ☐ second month, ☒ third month, ☐ fourth month following the expiration of the term originally set therefor, and the fee of ☐ \$110/55; ☐ \$400/\$200; ☒ \$460; ☐ \$1,440/\$720 for the requisite extension is due and ☒ paid herewith.
- ☒ A check in the amount of \$ 598.00 is attached.
- ☐ Charge \$ _____ to Deposit Account No. 11-1153.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 11-1153. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


 DAVID A. JACKSON
 Attorney for Applicant(s)
 Registration No. 26,742

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\$3627

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/536,345
	Filing Date	March 25, 2000
	First Named Inventor	Richard S. Polevoy
	Group Art Unit	3627
	Examiner Name	T.P. Luu
Total Number of Pages in This Submission	Attorney Docket Number	2340-1-008

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Amendment Transmittal showing additional fees required
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	Total check in amount of \$598.00
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	\$138.00 representing additional claims	
	\$460.00 representing 3-Month Extension	
	Applicant Entitled to Small Entity Status	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David A. Jackson, Reg. No. 26,742
Signature	
Date	September 13, 2002

CERTIFICATE OF MAILING			
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